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PTO/SB/50 (08-00)
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03915 U.S. PTO
10/646552
08/21/03

REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231		Attorney Docket No. 98-1148	
		First Named Inventor Michael P. Flynn	
		Original Patent Number 6,277,085	
		Original Patent Issue Date (Month/Day/Year) 08/21/2001	
		Express Mail Label No. ER 242507054 US	
APPLICATION FOR REISSUE OF: (Check applicable box)			
<input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent			
APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)		7. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).	
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)	
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)		9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)	
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)		10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)		11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)	
6. Original U.S. Patent currently assigned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, check applicable box(es)) <input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney (PTO/SB/96)		12. <input checked="" type="checkbox"/> Preliminary Amendment	
		13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
		14. Other:	
15. CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Customer Number or Bar Code Label  or <input checked="" type="checkbox"/> Correspondence address below			
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Signature		Date	08/21/2003

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 98-1148		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 11	Total Claims (37 CFR 1.16(I))	(B) 12	**** 1 =	x \$ 9 =	9	or	x \$ ____ =	
(C) 1	Independent claims (37 CFR 1.18(I))	(D) 2	. 1 =	x \$ 42 =	42		x \$ ____ =	
Basic Fee (37 CFR 1.16(h))					\$ 375		\$ ____	
Total Filing Fee					\$ 426	OR	\$ ____	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(I))	***	MINUS	**	=	x \$ ____ =		x \$ ____ =	
Independent Claims (37 CFR 1.18(I))	***	MINUS	*****	=	x \$ ____ =		x \$ ____ =	
Total Additional Fee					\$	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ 426.00 _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
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<p>08/21/2003 Date</p>				<p> Signature of Applicant, Attorney or Agent of Record</p> <p>James M. Deimen Typed or printed name</p>				